

No.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to *Summer O Gage*Name of deceased *Ellen A O'Neil*Age *72* years *6* months *5* daysPlace of death *Cordaville, Mass*Date of death *January 8, 1948*Cause of death *Influenza Pneumonia*Interment at *Rural Crem. Southboro*Date permit issued *January 10, 1948*Certified by *Roland S. Newton* M. D.

No.

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*

to.....

(Office issuing permit)

City or Town of.....*Southboro*.....Mass.Name of deceased.....*Ellen A. O'Neil*.....If a U. S. War Veteran, specify what war, organization, etc.
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at.....

(Name of cemetery or crematory)

on.....

Certified by.....

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to *F. G. Cookson*Name of deceased *Frank Leslie Haynes*Age *63* years *11* months *8* daysPlace of death *Santhboro*Date of death *Jan. 11, 1948*Cause of death *Inden death*
*presumably ^{company} ~~not~~ sclerosis*Interment at *Edgel Grove, Framingham*Date permit issued *Jan. 13, 1948*Certified by *Master H. Mohoney* M. D.

No.

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Board of Health
(Office issuing permit)City or Town of Southboro. Mass.Name of deceased Frank Leslie HaynesIf a U. S. War Veteran, specify what war, organization, etc.
.....

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Edgell Grove Cemetery, Framingham
(Name of cemetery or crematory)on January 13, 1948Certified by Wayne L Morgan, Supt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to *William M. Tighe*.....Name of deceased *Delina (Paluzzi) Fay*.....Age *59*..... years *✓*..... months *✓*..... daysPlace of death *Pleasant St Fayville*.....Date of death *Jan 19 1948*.....Cause of death *Cerebral hemorrhage*.....Interment at *Rural Southboro*.....Date permit issued *January 20, 1948*.....Certified by *C. W. Smith*..... M. D.

No. 34

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Delina Fay

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro
(Name of cemetery or crematory)on Entered, Jan. 22, 1948Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Wm. M. Tighe

Name of deceased

Rose Ann Mattioli

Age

89

years

9

months

-

days

Place of death

Southboro

Date of death

Feb. 27, 1948

Cause of death

*Arteriosclerotic
Heart Disease*

Interment at

Rural Cemetery

Date permit issued

Feb. 29, 1948

Certified by

Wm. D. Roach, M. D.

Entombed Mar.1,1948

R-309-20m-6-44-14610

No.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to.....Board of Health.....
(Office issuing permit)

City or Town of.....Southborough,.....Mass.

Name of deceased ..Rose Ann Mattioli.....

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Entombed Mar 1, 1948

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to *Jarvis T. Harper*Name of deceased *Fred A. Hill*Age *76* years *9* months *8* daysPlace of death *Southboro*Date of death *March 10, 1948*Cause of death *Sudden
presumably, coronary
sclerosis*Interment at *Rural, Worcester*Date permit issued *March 10, 1948*Certified by *Maete Mahoney* M. D.

No.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to..... Board of Health
(Office issuing permit)

City or Town of..... Southboro Mass.

Name of deceased .. Fred A. Hill

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

RURAL CEMETERY CREMATORY, WORCESTER, MASS.

at
(Name of cemetery or crematory)

on March 12, 1948,

Certified by Ernest Hansen
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to John RoweName of deceased Philip EatonAge 62 years — months 9 daysPlace of death Middleton, R.I.Date of death March 9, 1948Cause of death Arterio ScleroticInterment at Heart Disease
Rural Cem. SouthboroDate permit issued Mar. 12, 1948Certified by 3 M. D.

No.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to.....Board of Health.....
(Office issuing permit)

City or Town of.....Southboro.....Mass.

Name of deceasedPhilip Eaton.....

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Entombed-Rural Cem. Southboro, Mass.
(Name of cemetery or crematory)

on March 12, 1948 10 A.M.

Certified by.....Kathleen M. O'Brien.....
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

State of Rhode Island

REMOVAL OR BURIAL PERMIT.

The Sexton must indorse the back of this permit and return it to the City or Town Clerk where the burial takes place on or before the fifth day of the month next succeeding.

Clerk's Office

Middletown

R. I.

March 10, 1948

PERMISSION IS HEREBY GIVEN TO REMOVE THE BODY OF

Philip Eaton

for burial at

Southboro Mass.
Rural Cemetery

Date of Death

March 9 1948

Age

62

years

0

months

9

days

Place of Death

Forest Farm Nursing Home Middletown R.I.

Cause of Death

Arterio Sclerotic Heart Disease

Funeral Director

P. H. O'Neill Inc.

James A. Peckham.
Local Registrar

No.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to *Brisson & Morin*Name of deceased *Rose T. Carll*Age *58* years — months — daysPlace of death *Portsmouth, N. H.*Date of death *Mar 9, 1948*Cause of death *Not stated on N. H. Permit*Interment at *Rural, Southboro*Date permit issued *Mar. 12, 1948*

Certified by _____ M. D.

No.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Rose R. Carl

If a U. S. War Veteran, specify what war, organization, etc.

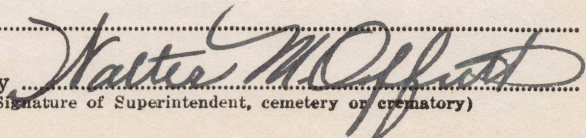
ENDORSEMENT

(To be filled in by cemetery or crematory official)

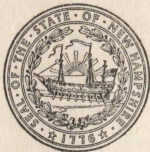
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cemetery-Southboro
at Entombed-Mar. 12, 1948 11 A.M.
(Name of cemetery or crematory)

on

Certified by 
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



BURIAL—TRANSIT PERMIT

City or
Town of

Burial Permit No.

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased Rose R. CarglPlace of death Portsmouth Rockingham New Hampshire

(Town or City)

(County)

(State)

Date of death Mar 9 1948 Color White Sex Female Age 58 18 3

(Yr. Mo. Days)

Method of disposal Burial Rural Cemetery

(Whether burial, cremation, transportation, storage, etc.)

(Cemetery or Crematory)

Town or City Southwest County Worcester State Mass

A certificate of death having been filed as required by the laws of this State, permission is hereby given

to J. Berni Wood Address Portsmouth N.H.

(Funeral Director)

to dispose of body of said deceased as above stated.

Dated at Portsmouth N.H. this 9th day of March 1948.

(Address)

Signature Myrtle S. Ellingsen

(Town Clerk, Sub-Registrar, Agent City Board of Health)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was on 19..... in

(State whether cremated, buried, stored, etc.)

(Cemetery or Crematory)

Place Signature

(Sexton or person in charge)

Form BT-1 9-46—15M

SEE OTHER SIDE

This permit after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the Clerk of the town in which the burial takes place.

No.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Sumner C. Gage

Name of deceased

Mabel (Carrier) Staigg

Age

80

years

6

months

28

days

Place of death

Fairville

Date of death

March 16, 1948

Cause of death

Carcinoma of the breast

Interment at

Glenwood, Everett, Mass

Date permit issued

March 16, 1948

Certified by

Kiefred Watson

M. D.

No.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to.....Board of Health.....
(Office issuing permit)

City or Town of.....Southborough.....Mass.

Name of deceased Mabel (Currier) Staigg.....

If a U. S. War Veteran, specify what war, organization, etc.
.....

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

atGLENWOOD CEMETERY.....
(Name of cemetery or crematory)

March 18, 1948

on

Certified byJohn F. Corbett.....
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to..... Board of Health
(Office issuing permit)City or Town of..... Southboro Mass.Name of deceased Lydia A. StillIf a U. S. War Veteran, specify what war, organization, etc.
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Forestrale Cemetery
(Name of cemetery or crematory)on March 25, 1948Certified by Henry Hubert Supt.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Mr. M. Tighe

Name of deceased

Louis H. Hay

Age

75

years

7

months

days

Place of death

Southboro

Date of death

March 29, 1948

Cause of death

Sudden death

Interment at

*presumably coronary
sclerosis*
Rural Southboro

Date permit issued

March 31, 1948

Certified by

Walter H. Mahoney

M. D.

No.

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Louis W. Fay

If a U. S. War Veteran, specify what war, organization, etc.

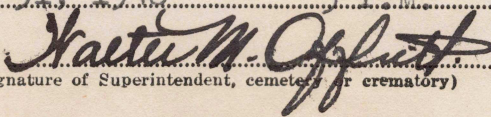
ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on March 31, 1948 3 P.M.

Certified by 
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 36

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Martin Murphy Co
Clinton

Name of deceased Mary A. Dundas Bill

Age 60 years months days

Place of death Baker Rest Home, Latisquama Rd

Date of death April 7, 1948

Cause of death Acute Cardiac Dilatation.

Interment at St. John's Cemetery - Lancaster.

Date permit issued April 8, 1948

Certified by John J. Lepore. M. D.

No.

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to..... Board of Health
(Office issuing permit)City or Town of..... Southboro Mass.Name of deceased Mary A. D. BillIf a U. S. War Veteran, specify what war, organization, etc.
.....
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. John's Cemetery Lancaster
(Name of cemetery or crematory)on April - 10 - 1948Certified by Rev. Joseph E. Finner
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 37**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Sumner SageName of deceased James Fairbairn TelferAge 52 years 7 months 15 daysPlace of death Southboro - E. Main St.Date of death 25 April '48Cause of death Carcinoma of RectumInterment at Rural - CemeteryDate permit issued 26 April '48Certified by Roland S. Newton M. D.

No. 37

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Board of Health
(Office issuing permit)

(Office issuing permit)

City or Town of.....Southboro.....Mass.

Name of deceased James Fairbairn Jelles

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

(Name of cemetery or crematory)

on April 28, 1948 3 P.M.

Certified by Walter M. O'Flaherty
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to John J. BrownName of deceased Edmond F. HayesAge 85 years months daysPlace of death Southboro - Melendy Rest HomeDate of death June 28, 1948Cause of death Natural causes - presumably coronary Thrombosis & contributory malnutrition + arteriosclerosisInterment at Marlboro - Immaculate ConceptionDate permit issued June 28, 1948Certified by S. Alden Guild (Grafton) (med. Exam) M. D.

No. 38

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Edmond F. HayesIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at L. C. Cemetery, Marlboro
(Name of cemetery or crematory)on June 29, 1948Certified by John D. MacBachin
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 39**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to J. J. Brown 95 W Main Marl.

Name of deceased Margaret V. Collins.

Age 78 years months days

Place of death San Diego

Date of death July 5 '48

Cause of death Coronary Embolism.

Interment at Immac. Concep. Marl.

Date permit issued July 6 '48

Certified by C. W. Smith M. D.

No. 39

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Board of Health
(Office issuing permit)

(Office issuing permit)

City or Town of.....Southboro.....Mass.

Name of deceased Margaret V. Collins

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Immaculate Conception, Marlboro
(Name of cemetery or crematory)

(Name of cemetery or crematory)

on July 7, 1948

Certified by Paul Frederick J. Buckley
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 40

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Howard C. Allen
653 Main St, ShrewsburyName of deceased Edw. Wm. BartlettAge 21 years 10 months 25 daysPlace of death Gordville RdDate of death 10 July '48Cause of death multiple skull fractures + brain lacerations - auto acc.Interment at Mt. View Cemetery
ShrewsburyDate permit issued July 11 '48Certified by S. Allen Guild M. D.

No. 40**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Town Clerk
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Edward William Bartlett

If a U. S. War Veteran, specify what war, organization, etc.

WW 2**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit
was disposed of in accordance with its termsat Mountain View Cemetery
(Name of cemetery or crematory)on July 12 - 1948Certified by LEE C. Allen
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 41

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Wm M. Tighe - MarlboroName of deceased Margaret Dunn StewartAge 85 years — months — daysPlace of death Baker's Rest Home
Latisguama Rd.Date of death July 19 '48Cause of death Chronic Myocarditis
Decomp.Interment at Inmac. Concep - MarlboroDate permit issued July 20 '48Certified by John F. Collins Marlboro M. D.

No. 42

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to John J. Brown

Name of deceased Frank J. Mattioli

Age 57 years 4 months days

Place of death E. Main St., Southboro

Date of death Aug. 5 '48

Cause of death (Uremia) Essential Hypertension

Interment at Rural Cem. (Southboro)

Date permit issued Aug. 6 '48

Certified by Hugh Tolson M. D.

No. 42**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Frank J. Maticoli

If a U. S. War Veteran, specify what war, organization, etc.

World War I X**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on August 7, 1948 11 A.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

No. 43

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Irving W. HarperName of deceased Roy SparrockAge 63 years 11 months 5 daysPlace of death SouthvilleDate of death Aug - 20 - 1948Cause of death Swiden death presumably
Coronary SclerosisInterment at Rural - CremationDate permit issued Aug - 22 - 1948Certified by Timothy P. Stone M. D.
B. N. Borch

No. 43

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Roy Sparrow

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL CEMETERY CREMATORY, WORCESTER, MASS.
(Name of cemetery or crematory)on August 23, 1948Certified by Ernest Hansen, Supt.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 44

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Walter M. Oppert

Name of deceased Raymond Alex. Tollensby

Age 59 years - months - days

Place of death Philadelphia, Pa.

Date of death Sept 5, 48

Cause of death Uremia

Interment at Rural Cem, Southboro

Date permit issued 9 Sept 48

Certified by Removal Permit: Pennsylvania's
#17439 dtd 7 Sept - M.E. Morris,
Registrar - Philadelphia M. D.

No. 44**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Sandwich Mass.Name of deceased Raymond A. FollensbyIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery
(Name of cemetery or crematory)on Sept 9, 1948Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 45

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Joseph F. Edwards

Name of deceased John F. Mulvey

Age 77 years 11 months 12 days

Place of death Baker Rest Home, Southboro

Date of death Sept 21, '48

Cause of death Sudden death - presumably
coronary sclerosis

Interment at St. Mary's - Milford

Date permit issued Sept 21, '48

Certified by Walter F. Mahoney M. D.
med. examiner.

No. 45

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Clerk, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased John F. MulveyIf a U. S. War Veteran, specify what war, organization, etc.

.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St Marys
(Name of cemetery or crematory)on Sept 23, 1945Certified by Rex J. Healey
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 46

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to L. Standish StephensonName of deceased Harriet M. DoaneAge 82 years 2 months daysPlace of death Baker Rest Home, Southboro.Date of death Oct 2 1948Cause of death Arteriosclerotic Heart Disease.Interment at Rural Cemetery, Worcester.Date permit issued Oct 3 '48Certified by J. F. Annunziata M. D.

No. 46

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Harriet M. DoaneIf a U. S. War Veteran, specify what war, organization, etc.

.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL CEMETERY CREMATORY, WORCESTER, MASS.
(Name of cemetery or crematory)on October 4, 1948,Certified by Ernest Hansen
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 47**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to John P. RoweName of deceased Sgt John S. MacNeillAge 29 years 1 months 13 days
b VII - 2 - 1915
d VII - 15 - 1944Place of death KIA - FranceDate of death Aug 15 '44Cause of death KIAfrom St. Corneille Cem, Le Mans, France.Interment at Rural Cem - Southboro.Date permit issued Oct 18 '48Federal (Army) Permit No NY 017 R

Certified by M. D.

No. 47

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Agent - Board of Health.
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Sgt. John S. MacNeill

If a U. S. War Veteran, specify what war, organization, etc.

15th A.I.B., 5th Armid Div**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Peural Cemetery Southboro
(Name of cemetery or crematory)on Oct. 18, 1918Certified by J. H. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 48

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Summer E. Gage.

Name of deceased Percy S. Greelman.

Age 68 years 3 months 19 days

Place of death Baker Rest Home.

Date of death Oct 22 '48

Cause of death Arteriosclerotic Heart Disease.

Interment at Rural Cem., Worcester.

Date permit issued Oct 23 '48

Certified by C. W. Smith M. D.

No. 48**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Percy S. CreelmanIf a U. S. War Veteran, specify what war, organization, etc.
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

RURAL CEMETERY CREMATORY, WORCESTER, MASS.at
(Name of cemetery or crematory)on Oct. 25 / 1948Certified by Ernest Hansen

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 33

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Juliette (Wright) Field

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Bur. Southboro
(Name of cemetery or crematory)on Oct. 31, 1947Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 49

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Wm M Tighe

Name of deceased Patrick M Salmon

Age 81 years 4 months 11 days

Place of death Lyman Sr home.

Date of death Nov 2 '48

Cause of death A.S. Heart dis.

Interment at Rural Cem.

Date permit issued Nov 2 '48

Certified by Wm Roche M. D.

No. 49

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Agent Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Patrick M. Salmon

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on November 4, 1948 10 A.M.

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

No. 50

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to J. J. Callahan - Hopk

Name of deceased Delia Burton (nee Kane)

Age 92 years 10 months - days

Place of death Baker Rest Home

Date of death Nov 6 '48

Cause of death Arteriosclerosis
Hypostatic Pneumonia due to Semility

Interment at Holyhood Cem - Brookline

Date permit issued Nov 6 '48

Certified by Annunziata M. D.

No. 51

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Walter M. OffuttName of deceased Edgell P. ThomasAge 69 years - months - days

Place of death -

Date of death Nov 25 1941Cause of death Hypertensive Heart Dis.Interment at Rural Cem. Town
(Removal to new grave)Date permit issued 8 Nov '48

Certified by - M. D.

No. 51**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Edgehill J. ThomasIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro
(Name of cemetery or crematory)on Nov. 8, 1948 1 P.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 52**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to John P. RoweName of deceased Clara Bell (Ellis)Age 73 years 3 months daysPlace of death Chestnut Hill, S.boroDate of death nov 14 '48Cause of death Cancer of Brain & Lungs.Interment at Lake Delton, Wis.Date permit issued 11/15Certified by Le Marboe M. D.

No. 53

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to John P. RoweName of deceased Frances C. Bouchard (née Raney)Age 56 years 7 months daysPlace of death Southern - home.Date of death Nov 15 '48Cause of death Hypertensive Heart Disease
Coronary ThrombosisInterment at Blue Hill Cem - BraintreeDate permit issued Nov 16 '48Certified by J.P. Stone. M. D.

No. 53

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to.....Agent, Board of Health
(Office issuing permit)

(Office issuing permit)

City or Town of.....Southboro.....Mass.

Name of deceased Frances C. Bonchard

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Shrine Hill Cemetery
(Name of cemetery or crematory)

(Name of cemetery or crematory)

on November 18, 1948

Certified by Arthur H. Waller, Jr.
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 54

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Leymon O. Wood
..... Hopkinton.Name of deceased Cordelia (Boucher) DagenaisAge 93 years 5 months 27 daysPlace of death Oak Hill Rd.Date of death 11/24/48Cause of death Cardiac Decomp.
..... A.S. Heart Dis.Interment at Rural - Southboro.Date permit issued Nov 26, 1948

Certified by M. D.

No. 54**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Cordelia (Boucher) DagenaisIf a U. S. War Veteran, specify what war, organization, etc.
—
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on November 27, 1948 3 P.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

No. 55

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Wm M. Tighe.

Name of deceased Thomas F. Connors.

Age 71 years — months — days

Place of death E. Main St.

Date of death Nov 29 '48

Cause of death Carcinoma of Rectum

Interment at St. Michael — Hudson

Date permit issued Nov 29 '48

Certified by C. W. Smith M. D.
Marlboro.

No. 55**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Thomas F. ConnorsIf a U. S. War Veteran, specify what war, organization, etc.

.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Michael's
(Name of cemetery or crematory)on Dec 1, 1948Certified by E. H. Conroy
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 56

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to John J. Brown

Name of deceased Ada M. Taylor

Age 70 years months days

Place of death Baker Rest Home

Date of death Nov 30 '48

Cause of death Broncho pneumonia

Interment at Maplewood Cem., Marlboro

Date permit issued Dec 2 '48

Certified by J. F. Annunziata M. D.

No. 57**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to William M. Zighe, mailboroName of deceased Harold E. FayAge 24 years 1 months 19 daysPlace of death overseas - ~~for~~Date of death May 19, 1944Cause of death not statedInterment at Rural Cem., SouthboroDate permit issued Dec 10 48Certified by Army Stricker NY 019 R M. D.

No. 57**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Cnp. Harold E. Fay

If a U. S. War Veteran, specify what war, organization, etc.

WW II, 5th Arm'd Div., 757 Tank Bn., Co B**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on December 11, 1948 10 A.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)Walter M. Offutt, Supt.


If there is no officer in charge, undertaker should sign and return this stub.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physicians to insert a recital to that effect

100m-(f)-1-45-15510

The Commonwealth of Massachusetts		OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(City or town making return)
STANDARD CERTIFICATE OF DEATH		Registrar's No. _____		
				
(County) _____ (City or Town) _____ No. _____				
1 PLACE OF DEATH _____		St. { (If death occurred in a hospital or institution, give its NAME instead of street and number) _____		
2 FULL NAME <u>CPL Harold E Fay</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)		{ PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so, specify WAR) <u>11</u>		
(a) Residence. No. <u>Pleasant</u> (Usual place of abode)		St. <u>Fayville</u> (If nonresident, give city or town and State)		
Length of stay: In hospital or Institution _____ (Before death) (Specify whether)		years months days. In this community yrs. mos. days.		
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE (write the word) MARRIED _____ WIDOWED _____ or DIVORCED <u>single</u>		
5a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full) (or) WIFE of _____ (Husband's name in full)				
6 Age of husband or wife if alive _____ years				
7 IF STILLBORN , enter that fact here.				
8 AGE <u>24</u> Years <u>1</u> Months <u>19</u> Days If less than 1 day Hours _____ Minutes _____				
9 Usual Occupation: <u>Cabinet Maker</u>				
10 Industry or Business: _____				
11 Social Security No. _____				
12 BIRTHPLACE (City) <u>Fayville (Southboro)</u> (State or country) <u>MASS.</u>				
13 NAME OF FATHER <u>Domino Fay</u>				
14 BIRTHPLACE OF FATHER (City) <u>Italy</u> (State or country)				
15 MAIDEN NAME OF MOTHER <u>Belina Peluzzi</u>				
16 BIRTHPLACE OF MOTHER (City) <u>Italy</u> (State or country)				
17 Informant <u>Domino Fay</u> (Relation, if any) <u>Father</u> (Address) <u>Southboro Mass</u>				
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:				
(Signature of Agent of Board of Health or other)				
(Official Designation)		(Date of Issue of Permit)		
MEDICAL CERTIFICATE OF DEATH				
18 DATE OF DEATH <u>May 19 1944</u> (Month) (Day) (Year)				
19 I HEREBY CERTIFY , That I attended deceased from _____, 19____, to _____, 19____.				
I last saw h _____ alive on _____, 19____, death is said to have occurred on the date stated above, at _____ M.				
Immediate cause of death _____				
Due to <u>NOT required</u>				
Due to <u>NOT to be forwarded</u>				
Other conditions <u>to town clerk Jo Stone.</u> (Include pregnancy within 3 months of death)				
Major findings: _____ Of operations _____ Date of _____ Of autopsy _____ What test confirmed diagnosis? _____				
20 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) _____, M. D. (Address) _____ Date _____ 19____				
21 Place of Burial, Cremation or Removal. <u>Rural Cemetery Southboro</u> (City or Town) DATE OF BURIAL <u>Dec 11 1948</u>				
22 NAME OF FUNERAL DIRECTOR <u>William M. Tighe</u> ADDRESS <u>Marlboro Mass</u>				
Received and filed _____ 19____				
A TRUE COPY ATTEST:				
(Registrar)				

No.

58

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Henry A. Harpin 93 Broad St
Marlboro.Name of deceased Delina DoucetteAge 78 years — months — daysPlace of death Baker Rest Home.Date of death Dec 16 '48Cause of death Sudden Death - presumably
Coronary sclerosisInterment at St. Mary's - Marlboro.Date permit issued Dec 17 '48Certified by Walter J. Mahoney (Med Exam)
M. D.

No. 59**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Irving W. HarperName of deceased George H. WoodardAge 70 years 7 months 2 daysPlace of death Southboro Southville Rd
SouthvilleDate of death Dec 24 '48Cause of death Sudden Death - presumably
Coronary ThrombosisInterment at Mr. Pleasant cem., ArlingtonDate permit issued Dec 27Certified by Walter F. Mahoney med
Ex M. D.

No. 59.....

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permits)

(Office issuing permit)

City or Town of.....Southboro.....Mass.

Name of deceased George H. Woodard

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Mt. Pleasant Cemetery
(Name of cemetery or crematory)

(Name of cemetery or crematory)

on Dec. 27, 1948

Certified by M. G. Robinson
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 49-1**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Eliza V. HankardIf a U. S. War Veteran, specify what war, organization, etc.
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Immac. Society Cem.
(Name of cemetery or crematory)on Jan 14, 1949Certified by J. G. Blumson
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 49-2

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Walter M. Offutt.Name of deceased Anthony Pantanella.Age 61 years — months — daysPlace of death Cleveland, Ohio.Date of death Jan 13 '49Cause of death Cerebral Hemorrhage.Interment at Rural Cem., SouthlonsDate permit issued Jan 18 '49Certified by J. G. Smith M. D. Permit #394

No. 49-2**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent B. J. H.
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Anthony PantanellaIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro
(Name of cemetery or crematory)on January 18, 1949Certified by Kalter W. O'Neil
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 49-3

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Sumner C. GageName of deceased Harry Richardson LincolnAge 72 years 2 months 16 daysPlace of death Southboro - Newton St.Date of death 16 Feb '49Cause of death Coronary SclerosisInterment at Rural Cem'y - Southboro.Date permit issued Feb 17, '49Certified by Walter F. Mahoney M. D.

No.49-3.....

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to.....Agent, Board of Health.....
(Office issuing permit)

City or Town of.....Southboro.....Mass.

Name of deceasedHarry R. Lincoln.....

If a U. S. War Veteran, specify what war, organization, etc.
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on February 18, 1949 3 P.M.

Certified byWalter M. Offutt.....
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

No. 49-4

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Lummer C. Sage
Parmenter.Name of deceased Bertha Elizabeth (Jourdelle) AAge 77 years 4 months 2 daysPlace of death Baker Rest Home.Date of death Mar 3 '49Cause of death Coronary Occlusion.Interment at Pine Grove Cem Spencer-Date permit issued Mar 4 '49Certified by C W Smith M. D.

No. 49-4**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Bertha E. J. ParmenterIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*Pine Grove, Cem.
Corp.
Spencer, Mass.I hereby certify that the body accompanying this permit was
in tomb
disposed of in accordance with its termsat Pine Grove Cemetery
(Name of cemetery or crematory)on April 2 49Certified by Ray Hilday
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 49-5

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to William M. Tighe

Name of deceased Michael J. Lynch

Age 78 years months days

Place of death Baker Rest Home

Date of death April 5, '49

Cause of death Carcinoma rectosigmoid

Interment at Immac. Concep. (marlboro)

Date permit issued April 6, '49

Certified by John J. Lepore M. D.

No. 49-5**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Michael J. Lynch

If a U. S. War Veteran, specify what war, organization, etc.

no**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Immaculate Conception Cem. Marlboro
(Name of cemetery or crematory)on April 7, 1949Certified by John D. MacEachern
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 49-6

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Sumner C. GageName of deceased Gora Isabelle (Howard) NewtonAge 86 years 4 months 16 daysPlace of death Main St., SouthboroDate of death April 14, '49Cause of death Acute Dilatation of The HeartInterment at Rural Cem., SouthboroDate permit issued April 16, '49Certified by J. D. Kable M. D.

No. 49-6**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Gora J. H. NewtonIf a U. S. War Veteran, specify what war, organization, etc.

.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro
(Name of cemetery or crematory)on April 17, 1949Certified by Nathan M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 41-7

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to John J. Brown

Name of deceased Katherine McSweeney

Age 77 years — months — days

Place of death Baker Rest Home

Date of death April 18, 1949

Cause of death Sudden death, presumably
Coronary Thrombosis

Interment at Immac. Concep., Marlboro

Date permit issued April 18, '49

Certified by Walter F. Mahoney M. D.

No. 49-7

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to.....Agent, Board of Health
(Office issuing permit)

(Office issuing permit)

City or Town of.....Southboro.....Mass.

Name of deceased Katherine Mc Sweeney

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Immaculate Conception Cemetery
(Name of cemetery or crematory)

(Name of cemetery or crematory)

April 20, 1949

on

Certified by (Per.) Francis L. Gallagher
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 49.8

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to William M. Tighe.

Name of deceased Louis J. Gralton

Age 66 years 4 months — days

Place of death Marlboro Rd., Southboro

Date of death April 28 1949

Cause of death Accident - struck by auto →
fractures, hemorrhage, shock

Interment at Rural Cem'y - Southboro

Date permit issued April 28 1949

Certified by Walter F. Mahoney med. exam. M. D.

No. 49-8

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Agent Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Louis J. GrattonIf a U. S. War Veteran, specify what war, organization, etc.

_____**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro
(Name of cemetery or crematory)on April 30, 1949Certified by John M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 49-9**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Dana J. KidderName of deceased Grace Marion KidderAge 70 years 3 months 9 daysPlace of death Altadena, Calif.Date of death I - 15 - 49Cause of death Coronary ThrombosisInterment at Southlawn - RuralDate permit issued I - 31 - 49Certified by Roy O. Gilbert M. D.
Calif. Bureau of Vital Statistics

No. 49-9

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to..... Agent, Board of Health
(Office issuing permit)

(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Grace Marion Kidder

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro
(Name of cemetery or crematory)

(Name of cemetery or crematory)

on May 28, 1949

Certified by J. M. Galt
(Signature of Superintendent, Cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

REGISTRATION
DISTRICT NO.

1904

REGISTRAR'S
NUMBER

90

CERTIFICATE OF DEATH

STATE
FILE NO.

267

NON-RESIDENT

DECEDENT PERSONAL DATA (TYPE OR PRINT NAME)	1a. NAME OF DECEASED—FIRST NAME Grace		1b. MIDDLE NAME Marion		1c. LAST NAME Kidder		2a. DATE OF DEATH—MONTH, DAY, YEAR January 17, 1949		2b. HOUR 7:00 PM		
	3. SEX Female	4. COLOR OR RACE White	5. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		6. DATE OF BIRTH October 10, 1878		7. AGE (LAST BIRTHDAY) 70 YEARS		IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HOURS HOURS MINUTES		
	8a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Housewife		8b. KIND OF BUSINESS OR INDUSTRY Own Home		9. BIRTHPLACE (STATE OR FOREIGN) Vermont		10. CITIZEN OF WHAT COUNTRY? United States				
	11. NAME OF FATHER Mark Edward Slayton			12. MAIDEN NAME OF MOTHER Mary Jane Parkhurst			13. NAME OF SPOUSE (IF MARRIED) Dana Judson Kidder				
PLACE OF DEATH	14. WAS DECEASED EVER IN U. S. ARMED FORCES? SPECIFY YES, NO, UNKNOWN No			15. SOCIAL SECURITY NUMBER None			16. INFORMANT Dana Judson Kidder (Husband)				
	17a. PLACE OF DEATH—CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND NAME OF NEAREST TOWN) Pasadena			17b. LENGTH OF STAY (IN THIS PLACE) 3 days			17c. COUNTY Los Angeles				
	17d. FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION—(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Huntington Memorial Hospital- 100 Congress Street										
	USUAL RESIDENCE (WHERE DECEASED LIVED) (IF INSTITUTION, RESIDENCE BEFORE ADMISSION) 18a. STREET ADDRESS (IF RURAL, GIVE LOCATION) 1766 Bellford Avenue										
CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C))	18b. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND NAME OF NEAREST TOWN) Rural Altadena			18c. COUNTY Los Angeles			18d. STATE California				
	19-I. THIS DOES NOT MEAN THE MODE OF DYING SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATIONS WHICH CAUSED DEATH ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.			19-IA. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary Thrombosis						APPROXIMATE 3 days	
				19-IB. DUE TO Arteriosclerosis						INTERVAL Unknown	
				19-IC. DUE TO						BETWEEN ONSET AND	
OPERATIONS AUTOPSY	19-II. CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH			19-III. OTHER SIGNIFICANT CONDITIONS						DEATH	
	20a. DATE OF OPERATION			20b. MAJOR FINDINGS OF OPERATION						21. AUTOPSY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DEATH DUE TO EXTERNAL VIOLENCE	22a. ACCIDENT (SPECIFY) SUICIDE HOMICIDE			22b. PLACE OF INJURY (GIVE INJURY ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING, ETC.)			22c. LOCATION CITY OR TOWN COUNTY Pasadena			STATE California	
	22d. TIME OF INJURY MONTH DAY YEAR HOUR M			22e. INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK			22f. HOW DID INJURY OCCUR?				
PHYSICIAN'S OR CORONER'S CERTIFICATION	23a. CORONER'S: I HEREBY CERTIFY THAT I HAVE HELD AN <input type="checkbox"/> AUTOPSY, <input type="checkbox"/> INQUEST, OR <input type="checkbox"/> INVESTIGATION ON THE REMAINS OF THE DECEASED AND FIND THAT THE DECEASED CAME TO DEATH AT THE HOUR AND DATE STATED ABOVE.						23b. PHYSICIAN'S: I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM January 7, 1949 TO January 17, 1949 THAT I LAST SAW THE DECEASED ALIVE January 17, 1949 AND THAT DEATH OCCURRED FROM THE CAUSES AND AT THE HOUR AND DATE STATED ABOVE.				
	23c. SIGNATURE G.T. Burke			DEGREE OR TITLE M.D.			23d. ADDRESS 65 N. Madison Avenue- Pasadena			23e. DATE SIGNED Jan. 20-1949	
FUNERAL DIRECTOR AND REGISTRAR	24a. <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL			24b. DATE 1-21-1949			24c. CEMETERY OR CREMATORY Pasadena Mausoleum Crematory			25. SIGNATURE OF EMBALMER Wm. T. Stahlmann	
	27. DATE RECEIVED BY LOCAL REGISTRAR JAN 21 1949			28. SIGNATURE OF LOCAL REGISTRAR CHARLES W. NATHAN- D.M.			26. SIGNATURE OF FUNERAL DIRECTOR Turner and Stevens Company By Max H. Turner			ADDRESS Pasadena	

Page 378

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

1 1 1

Local Registrar's Permit for Removal of Cremated or Interred Human Remains

1 1 1

THIS PERMIT DOES NOT AUTHORIZE
THE REMOVAL OF REMAINS NOT
PREVIOUSLY BURIED OR CREMATED

COUNTY OF Los Angeles

CITY OR TOWN OF Altadena

DATE THIS PERMIT ISSUED January 24, 1949

In accordance with the provisions of Section 7501 of the Health and Safety Code (Statutes of 1939, Chapter 60, as

amended, permission is hereby granted to Dana J. Kidder, Husband of deceased
Name of applicant for this permit

to remove the cremated/~~interred~~ remains of Grace Marion Kidder
Name of decedent

Age 70-3-9 Sex Female Place of death Pasadena, California Date of death Jan. 19, 1949

Cause of death Coronary thrombosis, Arteriosclerosis

From Altadena to Southboro, Massachusetts
City or town City or town State

to be delivered to Southboro Cemetery at destination.
Name of person, crematory, cemetery, etc.

Pasadena Mausoleum Crematory, Acting Agent.

Local Registrar of Vital Statistics Registration District No. 1920

THE PERSON RECEIVING THE REMAINS AT DESTINATION MUST FILL IN AND SIGN THE FORM BELOW
AND DELIVER THIS PERMIT TO THE LOCAL REGISTRAR OF THE REGISTRATION
DISTRICT IN WHICH DESTINATION IS LOCATED

DATE REMAINS RECEIVED May 28, 1949

DISPOSITION OF REMAINS Buried
Buried, stored, etc. Write the word

SIGNED Hester M. Offutt

This permit should be issued in triplicate. The original must accompany the remains to destination; the duplicate should be retained by the person delivering the remains for removal and the triplicate must be kept on file by the local registrar who issues it.

NOTE.—The law authorizing the issuance of this permit reads in part: Any person entitled by law to remove any remains may apply to the local registrar for a permit to remove them. The local registrar shall issue a permit, retaining a copy, for which permit he shall receive a fee of fifty cents to be paid him by the applicant for the permit.

FORM R-301A

California

PLACE OF DEATH

(County)

(City or Town)

No.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Registered No.

To be filed for burial permit
with Board of Health
or its Agent.{(If death occurred in a hospital or institution,
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{(Was deceased a
U. S. War Veteran,
if so specify WAR).....(a) Residence. No.
(Usual place of abode)St.
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

INSTRUCTIONS
FOR
MEDICAL CERTIFICATEIn giving
CAUSE OF DEATHdo not enter
more than one
cause for each
of (a), (b) and (c)This does not mean
the mode of dying, such
as heart failure, asthenia,
etc. It means the disease,
or complications which
caused death.Morbid conditions,
if any, giving rise to the
above cause (a) stating
the underlying cause
last.Conditions contrib-
uting to the death but not
related to the disease or
condition causing death.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Jan 19 1949
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....I last saw h.....alive on....., 19....., death is said to
have occurred on the date stated above, at.....m.DISEASE OR CONDITION
DIRECTLY LEADING
TO DEATH (a) *Coronary Thrombosis*INTERVAL BE-
TWEEN ONSET
AND DEATHANTE Due To
CEDENT (b)
CAUSESDue To
(c)OTHER
SIGNIFICANT
CONDITIONSMajor findings:
Of operations.....

Date of operation..... Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed).....

(Address).....

Date.....

M. D.
19.....6 *Rural* *Southboro Mass*
Place of Burial or Cremation (City or Town)DATE OF BURIAL *May 28* 19*49*7 NAME OF FUNERAL DIRECTOR *William H. Hennessey*ADDRESS *William H. Hennessey*

Received and filed.....19.....

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Male* 9 COLOR OR RACE *White* 10 SINGLE (write the word)
MARRIED
WIDOWED
OR DIVORCED *Married*10a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)(or) WIFE of *Leona J. Keady*
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *70* Years *3* Months *9* Days If under 24 hours
Hours..... Minutes13 Usual Occupation: *House*
(Kind of work done during most of working life)

14 Industry or Business:.....

15 Social Security No.....

16 BIRTHPLACE (City) *Stoughton*
(State or country) *Massachusetts*17 NAME OF FATHER *Mark E. Slayton*18 BIRTHPLACE OF FATHER (City) *Vermont*
(State or country)19 MAIDEN NAME OF MOTHER *Mary Jane Packhurst*20 BIRTHPLACE OF MOTHER (City) *Vermont*
(State or country)21 Informant *Leona J. Keady*
(Address) *Southboro Mass*I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

100M-(D)-10-48-24658

No. 49-10

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Mr. Robt S. Morse
170 Westford St,
Lowell Mass.

Issued to

Name of deceased

John Thomas Lowe
10 Marlboro Rd., Southboro

Age 82 years 10 months 9 days

Place of death

Southboro

Date of death

May 31 '49

Cause of death

Coronary Thrombosis

Interment at

Westlawn Cem. Lowell

6/3

Date permit issued

6/2/49

Certified by

Dominic Fiorentino

M. D.

No. 49-10**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased John Thomas Lowe

If a U. S. War Veteran, specify what war, organization, etc.

none.**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Westlawn Cemetery
(Name of cemetery or crematory)on June 3, 1949 Lot 25
Sec 4Certified by Archie P. McKenzie Gr 1
(Signature of Superintendent, cemetery or crematory)

Supt.

If there is no officer in charge, undertaker should sign and return this stub.

No. 49-11

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Wm M. Tighe.

Name of deceased John J. Colleary

Age 83 years — months — days

Place of death Latisquama Rd.

Date of death June 8, '49

Cause of death Acute Dilatation of Heart -
Arteriosclerosis

Interment at Rural - Southwold

Date permit issued June 9, '49

Certified by Josephine D. Kable M. D.

No. 49-11

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Agent Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased John J. Colleary

If a U. S. War Veteran, specify what war, organization, etc.
~**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro
(Name of cemetery or crematory)

on June 10, 1949

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 49-12

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to William M. Dighe

Name of deceased Anna C. Brown

Age 59 years 2 months days

Place of death Maple St., Fayville

Date of death June 25, 1949

Cause of death Carcinoma of left breast

Interment at Rural Cem., Southboro

Date permit issued June 25, '49

Certified by Roland S. Newton M. D.

No. 49-12

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Anna C. Brown

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Burial Perm. Southboro
(Name of cemetery or crematory)on June 27, 1949Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 49-13

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Wm. M. Tighe

Name of deceased Bert Courtemanche

Age 60 years - months - days

Place of death Scranton Pa

Date of death 7-17-49

Cause of death Chr. Myocarditis

Interment at Rural Cem'y, Southboro

Date permit issued July 21, 49

Certified by Pearle Reese Registrar
Scranton M. D.

No. 49-12**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Bert Courtemanche

If a U. S. War Veteran, specify what war, organization, etc.

unknown.**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Care Southboro
(Name of cemetery or crematory)on July 21, 1949Certified by J. M. O. Butt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 49-14

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Sumner C. Gage

Name of deceased Julius (Marshall) Page

Age 93 years 4 months 5 days

Place of death Common Rest Home.

Date of death July 21 '49

Cause of death Chronic Myocarditis (Arterio-sclerosis)

Interment at Maplewood - Marlboro

Date permit issued July 22 '49

Certified by C. W. Smith M. D.

No. 49-15

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to R. Heath Onthank
(member of family)

Name of deceased Genevieve M. Farris

Age ? years months days

Place of death ? Hempstead, L.I., NY

Date of death ?

Cause of death ?

Interment at Rural Cem'y, S. bow

Date permit issued July 25 '49

Certified by United States Cremation Co Ltd
Middle Village, LI M. D.

No. 49-15

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent Bd of Health
(Office issuing permit)

(Office issuing permit)

City or Town of.....*Southboro*.....Mass.

Name of deceased Genevieve M. Farris

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cm. Southboro
(Name of cemetery or crematory)

(Name of cemetery or crematory)

on July 25, 1949

on July 25, 1969
Certified by Sp. M. E. Smith
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



THE UNITED STATES CREMATION CO., LTD.

(FRESH POND CREMATORY AND COLUMBARIA)

INCORPORATED 1884

61-40 MOUNT OLIVET CRESCENT

MIDDLE VILLAGE, L. I., N. Y.

Telephone HEgeman 3-9700-9701

Date July 24, 1949

Cremation No. 90185

This Certifies, That

Genevieve M. Farris

has been cremated at the Fresh Pond Crematory on

July 24, 1949 *by authority of Cremation Permit*

No. 979 *issued by the Department of Health of*

the TOWN OF HEMPSTEAD *County*

of NASSAU *dated* July 23, 1949

The UNITED STATES CREMATION CO., Ltd.

(Fresh Pond Crematory)

L. B. Rooney

Superintendent

No. 49-16

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to John J. Brown

Name of deceased Ida L. Bagley

Age 64 years months days

Place of death E. Main St. Southboro

Date of death August 20, '49

Cause of death Adenocarcinoma of colon

Interment at Rural Cem. Southboro

Date permit issued Aug 22, '49

Certified by Maurice E. Gostin M. D.

No. 49-16**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Ida L Bagley

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro
(Name of cemetery or crematory)on August 23, 1949 3 P.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 49-17

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Sumner C. SageName of deceased Albert Sewall WoodwardAge 73 years 0 months 29 daysPlace of death Oak Hill Rd, FayvilleDate of death Sept 29 1949Cause of death Cerebral HemorrhageInterment at Lakeview Cem, WakefieldDate permit issued Sept 30, '49Certified by Roland S. Newton M. D.

No. 49-17**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Albert S. Woodward

If a U. S. War Veteran, specify what war, organization, etc.

— no —**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Lakeside Cemetery
(Name of cemetery or crematory)on Oct 3, 1949Certified by H E Carter
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 49-18

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Summer C. Gage

Name of deceased Edgar F. Chick

Age 86 years 11 months 11 days

Place of death Melendy Rest Home

Date of death Nov 3, 1949

Cause of death Sclerotic Heart Disease

Interment at Maplewood - Marlboro

Date permit issued Nov 4, 1949

Certified by E. W. Smith M. D.

No. 49-19

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Summer C. Gage

Name of deceased Emily Little Miner

Age 66 years 10 months 10 days

Place of death Ward Rd

Date of death Nov 4 '49

Cause of death Carcinoma of Breast
Cerebral Metastasis

Interment at Forest Hills, Boston

Date permit issued Nov 4 '49

Certified by E. W. Smith M. D.

No. 49-19**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Emily Little MinerIf a U. S. War Veteran, specify what war, organization, etc.
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at FOREST HILLS CEMETER
(Name of cemetery or crematory)on NOV 7 1949Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 49-20

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to William M. Tighe

Name of deceased Hannah M. O'Connell

Age 63 years — months — days

Place of death Fisher Rd.

Date of death Nov 28, 1949

Cause of death Carcinoma of Lungs.

Interment at Immac. Conception, Marl.

Date permit issued Nov 30, '49

Certified by Raymond Johnson M. D.

No. 49-20

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Agent Board of Health
(Office issuing permit)City or Town of Southboro, Mass. Mass.Name of deceased Hannah M. O'ConnellIf a U. S. War Veteran, specify what war, organization, etc.
.....
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at J. C. Sem
(Name of cemetery or crematory)on Dec 1, 1949Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 49-1

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to John J. Brown - Marlboro

Name of deceased Eliza V. Hankard.

Age 76 years — months — days

Place of death Baker Rest Home.

Date of death Jan 11, 49

Cause of death Diffuse Arteriosclerosis

Interment at Immac. Concep. - Marlboro

Date permit issued Jan 13, 49

Certified by John F. Collins. M. D.

No. 50-1

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Summer C. Sage

Name of deceased Wallace Mortimer Wrye

Age 85 years 6 months 18 days

Place of death E. Main St.

Date of death Jan 30, 1950

Cause of death Arteriosclerotic Heart Disease.

Interment at Rural Cem., Southboro

Date permit issued Jan 31, 1950

Certified by Roland S. Newton. M. D.

No. 50-1**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Wallace M. WyseIf a U. S. War Veteran, specify what war, organization, etc.

.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on February 1, 1950 3 P.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Walker W. Watson + Son.
Milford.Name of deceased Ernest Marshall Leonard.Age 80 years — months — daysPlace of death Mobile, Ala.Date of death March 24, 1950Cause of death not specified.Interment at Rural — Town.Date permit issued 30 Mar '50Certified by W. W. Scales. M. D.

STATE OF ALABAMA

STATE HEALTH DEPARTMENT

Bureau of Vital Statistics

VS-13

BURIAL-REMOVAL-TRANSIT PERMIT

Full name of deceased Ernest Marshall Leonard Burial Permit No. _____Place of death Mobile, Ala. (Town or City) _____ (County) _____Date of death March 24 1950 Color W Sex M Age 80Method of disposal Transit Southboro Mass (Whether burial, cremation, transit, storage, etc.) (Cemetery or Crematory) (County) (State)Funeral director Higgins Mortuary Address Mobile, Ala.In accordance with the laws of the State of Alabama, permission is hereby given to _____ to dispose of the body as above stated.
(Funeral Director or person acting as such)Dated at Mobile, Ala. this 25 day of March 1950
(Registrar's Address)Signature W W Scale
(Registrar)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

~~XXXXX~~ Burial permit issued on March 30 1950 in _____
(State whether cremated buried, stored, etc.) (Cemetery or crematory)Sic by Timothy P. Stone Signature _____
Agent, Board of Health (Sexton or person in charge)SEE OTHER SIDE Southboro, Mass.

This Permit must be endorsed by the Sexton (or by the Funeral Director where there is no Sexton) and returned within 5 days to the Registrar of the district in which the burial takes place.

This Permit Must Accompany Remains to Destination

No. 50-2**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health.
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Ernest M. LeonardIf a U. S. War Veteran, specify what war, organization, etc.

.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Forest Cem. Southboro
(Name of cemetery or crematory)on May 29, 1950Certified by J. M. Abbott
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 50-3**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Dessein + LedouxName of deceased Gedeon A. GouletAge 83 years — months — daysPlace of death School St. Southboro ^{c/o Dnark.}Date of death June 6, 1950Cause of death Cerebral Embolus.Interment at Sr. Mary's - MarlboroDate permit issued June 7, 1950Certified by Domenic Fiorentino M. D.

No. 50-4

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to John L. Norton + Son.

Name of deceased Kristina Flanders.

Age 81 years — months — days

Place of death Southville

Date of death June 8, 1950

Cause of death Arteriosclerotic Heart Dis.

Interment at Rural - Southboro

Date permit issued 6 - 9 - 50

Certified by J. B. Stone. M. D.

No. 50-4

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Kristina Flanders

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on June 11, 1950 3 P.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 50-5

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to John P. Rowe

Name of deceased Clementina Boselli

Age 77 years — months — days

Place of death Pleasant St., Fairville

Date of death June 18, 1950

Cause of death Coronary Thrombosis

Interment at Rural Cem. Southboro

Date permit issued June 20, 1950

Certified by L.P. Stone M. D.

No. 50-5**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Clementina BoselliIf a U. S. War Veteran, specify what war, organization, etc.
.....
_____**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on June 21, 1950 10 A.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 50-6**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to William M. Tighe.Name of deceased Julia J. Fitzgerald.Age 84 years — months — daysPlace of death Marlboro Rd.Date of death June 26 1950Cause of death Chronic Nephritis.Interment at Immac. Concep - MarlboroDate permit issued 6/26/50Certified by Josephine Kable. M. D.

No. 50-6

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Julia J. Fitzgerald

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Immaculate Conception Cemetery, Marlboro
(Name of cemetery or crematory)

(Name of cemetery or crematory)

June 28, 1950

on

Certified by Rev. Francis L. Gallagher
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 50-7

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to S. O. Wood, Hook

Name of deceased Lulu Jane (Thayer) Bussell

Age 69 years 5 months 2 days

Place of death Parkerville Rd.

Date of death July 21, 1950

Cause of death Coronary Thrombosis

Interment at Wildwood, Ashland.

Date permit issued July 22, 1950

Certified by W. J. Cochran. M. D.

No. 50-7

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Lulu Jane (Thayer) BussellIf a U. S. War Veteran, specify what war, organization, etc.
.....
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Wildwood Cemetery
(Name of cemetery or crematory)on July 23, 1950Certified by Charles H. Stone
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 50-8**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Summer G. Gage Walter?Name of deceased John W. BakerAge 69 years 4 months 28 daysPlace of death Newton Sp., SouthboroDate of death August 5, 1950Cause of death Sudden Death, presumably
Coronary ThrombosisInterment at Rural Cem., SouthboroDate permit issued # August 7 '50Certified by Walter F. Mahoney **M. D.**

No. 50-8**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased John W. Baker

If a U. S. War Veteran, specify what war, organization, etc.

Co E, 17th Engineer Railway-Art Demob Det 2
WW I**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL CEMETERY, Southborough, Mass.
(Name of cemetery or crematory)on AUGUST 8, 1950 3 P.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

No. 50-9

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to King + Watson (Clinton)

Name of deceased Roy Emerald Williams

Age 71 years 9 months 24 days

Place of death Latisquama Rd, Southboro

Date of death Oct 3, 1950

Cause of death Acute Coronary Occlusion

Interment at Oak Hill Cem., Sterling

Date permit issued X-3-'50

Certified by William J. Betinus M. D.

No. 50-9**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Roy E. WilliamsIf a U. S. War Veteran, specify what war, organization, etc.

_____**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Oak Hill Cemetery
(Name of cemetery or crematory)on Oct 5 1950Certified by Supt Charles E. Morris
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 50-10

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Walter M. OffuttName of deceased Flora H. BarnardAge 91 years 0 months 20 daysPlace of death Bangor, Maine.Date of death Oct 8, 1950Cause of death Cerebral Hemorrhage.Interment at Rural - SouthboroDate permit issued Oct 12, 1950Certified by Luther S. Mason M. D.
109 State St. Bangor

No. 50-10**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Helen H. Barnard

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro
(Name of cemetery or crematory)on Oct 12, 1956Certified by Nathan M. Oflund
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

STATE OF MAINE

Form D
BURIAL PERMIT

BANGOR

Me., OCT 8 1950

Permission is hereby given

ROBERT E LAITE

to remove and bury the remains of

FLORA H. BARNARD

in RURAL

Cemetery, Town of

SOUTH BORO, MASS

Date of Death

OCT 8 1950

Age

91

years

0

months

20

day

Place of Death

124 PARK VIEW

Street

AVE BANGOR ME

Cause of Death

CEREBRAL HEMORRHAGE

Medical Attendant

LUTHER S. MASON M.D.

No.

Jally

City or Town Clerk

(Over)

JH

TRANSPORTATION OF CORPSE

State of Maine
BUREAU OF HEALTH
CERTIFICATE OF DEATH

Place of Death — Town or City BANGOR
No. 124 PARK VIEW AVE
Street, Locality, Institution or Hospital
Full Name FLORA H. BARNARD
How Long a Resident NON-RESIDENT Previous Residence CAMDEN ME

PERSONAL AND STATISTICAL PARTICULARS

Sex F Color W Married, Single, Widowed or Divorced W

Deceased was Husband of
Deceased was wife of ADRIEL BARNARD
Date of Birth: Year 1859 Month SEPT Day 18
Age: Years 91 Months 0 Days 20
*Occupation HOUSEWIFE

Place of Birth ETNA, MAINE

Name of Father COLUMBUS BUSWELL
Birthplace of Father

Occupation of Father
Maiden Name of Mother ORVILLE SMITH
Birthplace of Mother

*Exact statement of occupation is very important. Example:
Instead of Laborer, write Farm Laborer

Robert E. Lantz
(Shipping Funeral Director)
9 MOUNTAIN ST CAMDEN, ME
(Address)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (month, day, and year) 1950

I HEREBY CERTIFY, That I attended deceased from OCT 8, 1950, to OCT 8, 1950,
that I last saw her alive on OCT 8, 1950
and that death occurred, on the date stated above,
at 1 P m.

The CAUSE OF DEATH was as follows:
CEREBRAL HEMORRHAGE
(duration) yrs. mos. 1 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

Where was disease contracted if not
at place of death ✓

Did an operation precede death? NO Date of ✓

Name of operation NONE

Was there an autopsy? NONE

(Signed) LUTHER S. MASON M.D.
Address 109 STATE ST BANGOR, ME

PERMIT OF TOWN CLERK AND *HEALTH OFFICER

This Permit with above Certificate, must be presented to Initial Baggage Agent and delivered with body at destination

Permission is hereby granted to remove for burial at OCT 8 1950
RURAL CEMETERY - SOUTH BORO, MASS the body
of FLORA H. BARNARD, above described, if prepared in accordance with the laws
of this State. If contagious or communicable, state name of person who is authorized to accompany the body

*The above permit is hereby approved.

J. ALLEY CITY
Town Clerk
Health Officer
*To be used when the approval of the health officer is required.

Detach above portion at this perforation, and hand to passenger in charge, to be delivered to the undertaker at destination. If burial is made in this State the sexton or other person superintending, must send this permit and certificate to the State Bureau of Health in ten days.

Detach at this perforation, and securely attach this label to the outside case.

CORPSE TRANSIT LABEL
FUNERAL DIRECTOR'S CERTIFICATE

License No. 597

Register No.

I (or we) hereby certify that the accompanying dead body of FLORA H. BARNARD
to be transported to SOUTH BORO MA State of MASS in care of NORMAN H. BOWLEY
has been prepared for transportation in conformity with rule No. III of the transportation rules for
corpses in this State.

Robert E. Lantz
Shipping Funeral Director

OCT 11 1950 Address CAMDEN, MAINE

Station Baggage Agent must enter hereon a description of the corpse ticket, or check the exact route and via what Junctional Points the corpse ticket or check reads, which is held by the passenger in charge of the corpse.

Date 1950

From to State of

No. of Ticket Form No. of Ticket

Via R.R. To

Via R.R. To

Via R.R. To

Via R.R. To

Via R.R. To

Via R.R. To

Name of passenger in charge Place of residence

Signed Station Agent

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Sumner C. GageName of deceased Mary Ann (Shelmut) HuttAge 86 years 9 months 18 daysPlace of death Middle Rd., SouthboroDate of death Oct 12, 1950Cause of death Arteriosclerotic Heart Disease.Interment at Rural - SouthboroDate permit issued Oct 12, 1950Certified by Walter F. Mahoney M. D.

No. 50-11**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro.....Mass.Name of deceased Mary A. Hunt.....If a U. S. War Veteran, specify what war, organization, etc.
.....
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL Cemetery, Southboro, Mass.
(Name of cemetery or crematory)on October 14, 1950 3 P.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

No. 50-12

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Wm. Tighe.

Name of deceased Elizabeth Gings

Age 70 years 2 months 21 days

Place of death Pleasant St., Fayetteville

Date of death 12/2/50

Cause of death Pulm. Embolus.

Interment at Rural Cem.

Date permit issued 12/4/50

Certified by Peter Cottone M. D.

No. 50-12**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Eliz. GingaIf a U. S. War Veteran, specify what war, organization, etc.

.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro
(Name of cemetery or crematory)on Dec. 25, 1950Certified by Walter M. Ophitt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 51-1

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Summer Gage.

Name of deceased Millage Banks.

Age 79 years 11 months 13 days

Place of death Impike, Jayville.

Date of death Jan 29, 1951

Cause of death Generalized Arteriosclerosis

Interment at Maplewood Cem'y, Marlboro

Date permit issued Jan 30, 1951

Certified by J. H. Stone. M. D.

No. 61-2

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Walter M. OffuttName of deceased Alice Mae McQuarrieAge 72 years 1 months 7 daysPlace of death La Siesta Rest Home
Pasadena, Calif.Date of death Jan 23, 1951Cause of death Coronary ThrombosisInterment at Rural Cem'y - SouthboroDate permit issued 2-2-51Certified by Byron W. Gutherie M. D.

No. 51-2

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Alice Mae McQuarrieIf a U. S. War Veteran, specify what war, organization, etc.
.....
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Lane Southboro
(Name of cemetery or crematory)on February 3, 1951Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 51-3**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Irving W. Harper (Westboro)Name of deceased Pitt Harrison BoyingtonAge 51 years 1 months 28 daysPlace of death Deerfoot Rd, Southboro
(Aranson Farm)Date of death Feb 10, 1957
presumablyCause of death Sudden: Coronary SclerosisInterment at Lincoln Cem'y - Lincoln, Me.Date permit issued Feb 11, 1957Certified by Walter F. Mahoney M. D.

No. 51-3**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Pitt Harrison Boyington

If a U. S. War Veteran, specify what war, organization, etc.

undet. as yet**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Lincoln M. Cem.
(Name of cemetery or crematory)on Feb. 13, 1951Certified by J. D. Bartone H. D.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 51-4

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Irving W. Harper

Name of deceased Lexie C. Johnson

Age 72 years 3 months 12 days

Place of death Northboro Rd.

Date of death 3 / 15 / 51

Cause of death Sudden death - presumably coronary sclerosis.

Interment at Rural Cemetery - Southboro

Date permit issued 3 / 14 / 51

Certified by Walter Z. Mahoney as medical examiner. M. D.

No. 51-4**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Lexie C. JohnsonIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro
(Name of cemetery or crematory)on Mar 19, 1957Certified by Hester M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 51-5

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Summer C. Gage

Name of deceased Ella R. H. Sawin

Age 85 years 6 months 19 days

Place of death School St - Duarte Home

Date of death 3/28/51

Cause of death Arteriosclerotic Ht. Dis.

Interment at Rocklawn - Marl.

Date permit issued 3/29/51

Certified by Albert E. LeMarbre M. D.

No. 51-6

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to J. P. Rowe, Marlboro

Name of deceased Eliza Mulvey Winn

Age 87 years — months — days

Place of death Brigham Sr.

Date of death 3 / 30 / 51

Cause of death Beriberi. Hemorrhage.

Interment at Immaculate Conception

Date permit issued 4 / 1 / 51

Certified by Walter S. Cochran M. D.

No. 51-6**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Sonduboro Mass.Name of deceased Eliza Mulvey WinnIf a U. S. War Veteran, specify what war, organization, etc.
.....
_____**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Immaculate Conception Sem
(Name of cemetery or crematory)on April 2, 1951Certified by J. S. Blenno
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 51-7

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Robert K. Wadsworth

Name of deceased Greta Isabelle (Bailey) Mann

Age 62 years 2 months 9 days

Place of death Marlboro Rd (c/o Badger)

Date of death 4/24/51

Cause of death Cerebral Thrombosis

Interment at Oak Grove Cem.; West Haven, Conn.

Date permit issued 4/26/51

Certified by J. H. Ingalls M. D.

No. 51-7**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Greta Mann

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Oak Grove Cemetery, West Haverhill
(Name of cemetery or crematory) Conn.on April 27, 1951Certified by Lewis H. Judd
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 51-8

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Dessein + Ledoux

Name of deceased Victoria L. Baldelli

Age 70 years 4 months 1 days

Place of death Pleasant St, Jayville

Date of death May 2, 1951

Cause of death Cerebral Hemorrhage

Interment at Rural - Southboro

Date permit issued May 3, 1951

Certified by Timothy P. Stone M. D.

No. 51-8**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Victoria Baldelli

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro
(Name of cemetery or crematory)on May 5, 1951, 10 am.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 51-9

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to J. P. Rowe

Name of deceased Carrie Greenwood Smith (Bunnell)

Age 77 years 11 months 28 days

Place of death McGovern House, Fayetteville

Date of death 5/30/51

Cause of death Cerebral Thromboses

Interment at Edgehill Grove Cem., Aram

Date permit issued 5/31/51

Certified by J. P. Stone M. D.

No. 51-9

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Agent, Board of Health
(Office issuing permit)

(Office issuing permit)

City or Town of.....Southboro.....Mass.

Name of deceased Carrie S. Smith

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Edzell Grove Cemetery, Framingham
(Name of cemetery or crematory)

(Name of cemetery ☒ or crematory)

on June 1, 1951

Certified by Wayne L. Morgan Supt.
(Signature of Superintendent, cemetery or crematory)

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 51-10

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to John J. Brown + Son.

Name of deceased Margaret Nugent.

Age 80 years — months — days

Place of death Marlboro Rd

Date of death 6/4/51

Cause of death Sudden Death, presumably
Coronary Thrombosis.

Interment at Immac. Concept. Marl.

Date permit issued 6/5/51

Certified by W. F. Mahoney M. D.

No. 51-10

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*

to..... Agent, Board of Health

(Office issuing permit)

City or Town of..... SouthboroMass.

Name of deceased Margaret Nugent

If a U. S. War Veteran, specify what war, organization, etc.
.....
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Immaculate Conception Cemetery
(Name of cemetery or crematory)

on June 7, 1951

Certified by Rev. F. L. Gallagher
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 51-11

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Walter M. Offutt

Name of deceased Mary E. Balloch.

Age 92 years - months - days

Place of death Manchester, N.H.

Date of death 8/8/51

Cause of death Acute Coronary Occlusion.

Interment at Rural Cem'y, Southboro

Date permit issued 8/10/51

Certified by Stanley Yudick
Manchester, N.H. M. D.

No. 51-11

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Agent, Bd. of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Mary E. (Whitney) Balloch

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southborough, Mass.
(Name of cemetery or crematory)on August 10, 1951 2 P.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

No. 051-12

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Walter M. Offutt

Name of deceased Ella Jackson

Age — years — months — days

Place of death City of N.Y.

Date of death ? Permit dated 8/24/57

Cause of death ?

Interment at Rural Care Southboro

Date permit issued Sept 1, 1957

Certified by The U.S. Cremation Co. M. D.
7373

No. 157-12**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*

to.....

Agent, Board of Health
(Office issuing permit)

City or Town of.....

Mass.

Name of deceased

If a U. S. War Veteran, specify what war, organization, etc.
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

Rural Southboro
(Name of cemetery or crematory)

on

Certified by

Stella M. O'Shott
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



THE UNITED STATES CREMATION CO., LTD.

(FRESH POND CREMATORY AND COLUMBARIA)

INCORPORATED 1884

61-40 MOUNT OLIVET CRESCENT

MIDDLE VILLAGE, L. I., N. Y.

Telephone HEgeman 3-9700-9701

Date August 25. 19 51

Cremation No. 97036

This Certifies, That

ELLA JACKSON

has been cremated at the Fresh Pond Crematory on
August 25. 19 51 *by authority of Cremation Permit*
No. 7373 *issued by the Department of Health of*
the City of New York, NY. *County*
of Queens *dated* August 24. 19 51

The UNITED STATES CREMATION CO., Ltd.

(Fresh Pond Crematory)

Thurston Hobbs
Asst Superintendent

No. 51-13

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Irving W. HarperName of deceased Grace L. BinghamAge 72 years — months 22 daysPlace of death Smithville.Date of death Sept 17 '57Cause of death Carcinoma of lung.Interment at Rural Cem'y, SouthboroDate permit issued 9/20/57Certified by W. Cochrane. M. D.

No. 51-13**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Grace L. BinghamIf a U. S. War Veteran, specify what war, organization, etc.
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass
(Name of cemetery or crematory)on September 20, 1951 3 P.M.Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

No. 51-14

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to John L. Norton + Son

Name of deceased Mrs. Lucy (Owen) Heckle

Age 79 years 10 months 4 days

Place of death Middle Rd. Southboro

Date of death 10 / 30 / 51

Cause of death Coronary Thrombosis

Interment at Mt. Auburn - Hopkinton

Date permit issued 10 / 30 / 51

Certified by Timothy P. Stone M. D.

No. 51-14**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Mrs. Lucy (Owen) HeckleIf a U. S. War Veteran, specify what war, organization, etc.
_____**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at MT. Auburn Cemetery Lot #255 Grave #2
(Name of cemetery or crematory)on Friday Nov. 2, 1951Certified by N. L. McIntire
(Signature of Superintendent, cemetery or crematory)N. L. MCINTIRE
SEXTON
Town of Hopkinton
Cemeteries

If there is no officer in charge, undertaker should sign and return this stub.

No. 51-15

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Sumner G. GageName of deceased Nellie L. HowardAge 83 years 9 months 1 daysPlace of death Main St., SouthboroDate of death 20 Nov '51Cause of death Coronary ThrombosisInterment at Rural Cem., SouthboroDate permit issued 21 Nov '51Certified by David D. Sher M. D.

No. 51-15**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Nellie L. HowardIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro
(Name of cemetery or crematory)on Sept 23, 1957Certified by Robert M. [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Irving W. HargerName of deceased Mary A. UnderwoodAge 85 years 1 months 27 daysPlace of death School St., SouthboroDate of death Nov 25, 1951Cause of death Hypostatic Pneumonia
Chronic Myocarditis
Hypertension
ArteriosclerosisInterment at Evergreen Cem. - WoodvilleDate permit issued Nov 26, 1951Certified by J. J. Annunziata M. D.

No. 51-16

BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Agent Board of Health
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Mary A. UnderwoodIf a U. S. War Veteran, specify what war, organization, etc.
_____**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Evergreen Cemetery Woburn Mass.
(Name of cemetery or crematory)on Lot C 66 Grave 5 November 27/1951Certified by N. L. McIntire
(Signature of Superintendent, cemetery or crematory)
N. L. MCINTIRE
SEXTON
Town of Woburn
Cemeteries

If there is no officer in charge, undertaker should sign and return this stub.

No. 57-17

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Walter M. Offutt

Name of deceased Joseph J. Daniels

Age _____ years _____ months _____ days

Place of death _____

Date of death 12-22-50

Cause of death Fractured Neck (Auto Acc.)

Interment at Lot 6, Sec 12 → Lot 35 S, Sec C. West.

Date permit issued 11-27-51

Certified by See ltr attached
to this book M. D.

No.51-17.....

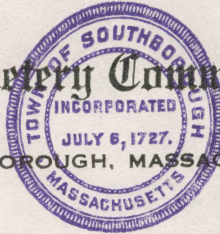
BURIAL (OR REMOVAL) PERMIT*This Coupon to be returned immediately, properly endorsed,*to Agent, Board of Health
(Office issuing permit)City or Town of SouthboroMass.Name of deceased Joseph J. DanielsIf a U. S. War Veteran, specify what war, organization, etc.
.....
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cem. Southboro
(Name of cemetery or crematory)on Nov. 24, 1951Certified by Walter M. O'Neil
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

OFFICE OF

The Cemetery Commissioners

SOUTHBOROUGH, MASSACHUSETTS



November 21, 1951

Board of Health
Southboro, Mass.

Gentlemen:

Attn. Dr. T.P. Stone, Agt.

Will you please issue a Removal Permit, to the undersigned, for the removal of the remains of Joseph J. Daniels from Lot 6, Sec. 12 and to remove the same to and reinter said remains in Lot 35-S, Sec. C-West. The cause of death was a Fractured Neck (Automobile Accident) , Dec. 22, 1950.

Authorization for this transfer has been received from the legal custodian of the remains.

Very truly yours,

THE CEMETERY COMMISSIONERS

By: *Walter M. Offutt*
Walter M. Offutt, Supt.

Issued permit #51-17